

PGBA, LLC
TRICARE SOUTH REGION
P.O. BOX 7032
CAMDEN, SC 29020-7032

TRICARE EXPLANATION OF BENEFITS

This is a statement of the action taken on your TRICARE claim.
Keep this notice for your records.

DUPLICATE COPY

HUMANA MILITARY
HEALTHCARE SERVICES

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www.humana-military.com

Date of Notice:	December 21, 2006
Sponsor SSN:	***-**-2218
Sponsor Name:	TANYA D STEWART
Beneficiary Name:	BRENDON F PERRY

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TANYA D STEWART
220 BOHN STREET
BILOXI MS 39530-3018

Benefits were payable to:

GULF COAST CHILDREN'S CLINIC P
999 N HALSTEAD RD
OCEAN SPRINGS MS 39564

Claim Number: 6354X14TX-00-00

Services Provided By/ Date of Services	Services Provided	Amount Billed	TRICARE Approved	See Remarks
GULF COAST CHILDREN'S CLINIC P 11/29/2006	001 Initial care, normal newborn (99431)	197.00	54.90	1, 2, 3, 4, 5, 6
11/30/2006	001 Normal newborn care/hospital (99433)	92.00	28.88	1, 5, 6
12/01/2006	001 Hospital discharge day (99238)	90.00	63.70	1, 5, 6
Totals:		379.00	147.48	

Claim Summary	Beneficiary Liability Summary	Benefit Period Summary
Amount Billed: 379.00	Deductible: 0.00	Fiscal Year Beginning:
TRICARE Approved: 147.48	Copayment: 0.00	October 01, 2006
Non-covered: 231.52	Cost Share: 29.50	Individual Family
Paid by Beneficiary: 0.00	Patient Responsibility: 29.50	Deductible: 0.00 0.00
Other Insurance: 0.00		Catastrophic Cap: 672.56
Paid to Provider: 117.98		
Paid to Beneficiary: 0.00		
Check Number:		

Remarks:

- 1 - CHARGES ARE MORE THAN ALLOWABLE AMOUNT.
- 2 - VISIT WWW.HUMANA-MILITARY AND WWW.MYTRICARE.COM TO MANAGE YOUR HEALTH CARE ONLINE. FIND A PROVIDER, READ YOUR BENEFITS INFORMATION, CHECK INDIVIDUAL CLAIM AND REFERRAL STATUS, ELIGIBILITY, AND MUCH MORE.

1-800-403-3950

THIS IS NOT A BILL

If you have questions regarding this notice, please call or write us at telephone number/address listed above.





PGBA, LLC

Toll Free: 1-800-403-3950
www.myTRICARE.com by PGBA

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www.humana-military.com

November 16, 2007

TANYA STEWART
220 BOHN ST
BILOXI MS 39530-3706

Re: Patient: Tanya D. Stewart
Sponsor: Tanya D. Stewart
Sponsor's SSN: ***-**-2218
Date(s) of Service: November 29, 2006 - December 1, 2006
Internal Control Number: 6342X0PNN0002
Total Charges: \$6,539.65

Dear Petty Officer STEWART:

Thank you for your recent correspondence.

We are in receipt of the returned check in the amount of \$1,067.86 on claim number 6342X0PNN0002. The entire amount has been posted back to our records.

Singing River Hospital voluntarily returned the payment made by TRICARE citing charges were billed in error. Since the funds have been returned to TRICARE, the claim is now voided and there is no patient responsibility.

For additional assistance, please contact us at our toll-free customer service number, write to our customer service address or visit us at the PGBA, LLC Web address.

Sincerely,
TRICARE South Customer Service
AW37

REF2 (PRT577)
DKEY: G61E432DD
NKEY: 1124136593
CEOD

(B)

TRICARE South Region
Claims Department
P.O. Box 7031
Camden, SC 29020-7031

TRICARE South Region
Customer Service Dept.
P.O. Box 7032
Camden, SC 29020-7032

TRICARE South Region
Provider Data Mgmt. Dept.
P.O. Box 7039
Camden, SC 29020-7039

TRICARE South Region
Behavioral Health Dept.
P.O. Box 7034
Camden, SC 29020-7034